

**TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(930) 308-8483**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		2		1			53		
4		2		1			54		
5		(1)		1			55		
6		(1)		1			56		
7		(1)		1			57		
8		(1)		1			58		
9							59		
10							60		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1		1		TOTAL IND.	1	
TOTAL DEP.	7		7		7		TOTAL DEP.	7	
TOTAL CLAIMS	8		8		8		TOTAL CLAIMS	8	